

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: ASSESSMENT OF COGNITIVE IMPAIRMENT

Attorney Docket Number:: 671096.404USPC

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Gregory
Middle Name::	
Family Name::	YELLAND
Name Suffix::	
City of Residence::	Glen Waverley
State or Province of Residence::	
Country of Residence::	Australia
Street of mailing address::	17 Corunna Court
City of mailing address::	Glen Waverley
State or Province of mailing address::	
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3150

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Stephen
Middle Name::	
Family Name::	ROBINSON
Name Suffix::	
City of Residence::	Glen Waverley
State or Province of Residence::	
Country of Residence::	Australia
Street of mailing address::	28 Penington Avenue

City of mailing address:: Glen Waverley
State or Province of mailing address::
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 3150

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Timothy
Middle Name::
Family Name:: FRIEDMAN
Name Suffix::
City of Residence:: McKinnon
State or Province of Residence::
Country of Residence:: Australia
Street of mailing address:: 38 McKinnon Road
City of mailing address:: McKinnon
State or Province of mailing address::
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 3204

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Christopher
Middle Name::
Family Name:: HUTCHISON

Name Suffix::

City of Residence:: Hampton

State or Province of Residence::

Country of Residence:: Australia

Street of mailing address:: 9 Margarita Street

City of mailing address:: Hampton

State or Province of mailing address::

Country of mailing address:: Australia

Postal or Zip Code of mailing address:: 3188

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/AU2004/000008	01/07/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	2003900035	01/07/03	Yes

Assignee Information

Assignee name::	Monash University
Street of mailing address::	Clayton Road
City of mailing address::	Clayton
State or Province of mailing address::	
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3168

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